

**TESTIMONY OF  
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BEFORE THE  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

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Mr. Chairman and distinguished members of the committee, thank you for the opportunity to speak to you about the progress the Department of Veterans Affairs (VA) and the Department of Defense (DoD) have made in improving the delivery of health care and benefits to our nation's veterans. Improving the transition from military to civilian life for veterans and their families is a high priority at VA and I am pleased to be here today to provide you with an overview of the programs and initiatives that VA and DoD have implemented to improve coordination between our two systems.

**Seamless Transition of Care and Benefits**

Veterans Health Administration (VHA) staff coordinated the transfer of care for more than 6,800 injured or ill active duty members and veterans from DoD to VA—specifically those injured or ill as part of the Global War on Terrorism in Iraq and Afghanistan and in particular those transitioning directly from DoD Military Treatment Facilities (MTFs) to VA Medical Centers (VAMCs).

And in partnership with DoD, VA has implemented a number of strategies and innovative programs to provide the timely, appropriate, and seamless services to the most seriously injured Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) active duty members and veterans. One such program enables active duty

members to register for VA health care and initiate the process for benefits prior to separation from active service.

The centerpiece program supporting the seamless transition of seriously injured service members and veterans involves the placement of VA Social Work Liaisons, VA Benefit Counselors, and Outreach Coordinators at MTFs to educate service members about VA services and benefits. These VA employees assist active duty service members during their transfer to VA medical facilities and ensure that returning service members receive information about VA benefits and services. Currently, VA Social Work and Benefit liaisons are located at 10 MTFs including Walter Reed Army Medical Center (WRAMC), National Naval Medical Center Bethesda (NNMC), Naval Medical Center San Diego and Womack Army Medical Center at Ft. Bragg, North Carolina.

In addition to the social work and benefits liaisons, a VA Certified Rehabilitation Registered Nurse (CCRN) was assigned to WRAMC in September 2006 to assess and provide regular updates to the VA Polytrauma Rehabilitation Centers (PRC) to which they may be transferred on the medical condition of the patient, educate families about VA benefits and services and prepare the active duty servicemember for transition to the rehabilitation phase of recovery.

Once the MTF treatment team notifies VHA of its plan to transfer the patient, the VA Social Work Liaisons and the CCRN begin to coordinate the care and information prior to transfer to VA. The VHA Social Worker Liaison begins meeting with the patient and/or family to educate them about the patient's transition from DoD's health care system to VA's health care system. The VHA Social Work Liaison also registers the active duty service member or enrolls the recently discharged veteran into the VA health

care system, and begins the process of coordinating a transfer to the VA health care facility most appropriate for the services they need or for a location closest to home. In the case of a polytrauma patient transfer, both the CCRN and the Social Work Liaison remain an integral part of the treatment team at the MTF while providing input into the VHA care plan and collaborating with the patient and family throughout the remainder of the health care transition process.

VA case management for these patients begins at the time of transition from the MTF and continues as their medical and psychological needs dictate. Once the patient is transferred to the receiving VAMC or reports to his/her home VAMC for care, the VHA Social Worker Liaison at the MTF follows up with the receiving VAMC to address any issues and to ensure the patient is attending appointments. Patients with severe injuries or those who have complex needs will receive ongoing case management at the VAMC where they receive most of their care.

An important aspect of the coordination of care between DoD and VA prior to transfer is access to clinical information including the viewing of electronic medical information using remote access capabilities. Video teleconference calls are routinely conducted between the DoD MTF treatment team and the receiving VA PRC enabling a face-to-face discussion of a polytrauma patient's care prior to transfer. If feasible, the patient and family may attend a video teleconference in order to meet the team at the receiving VA PRC. Utilizing the Bidirectional Health Information Exchange (BHIE), VA and DoD clinicians are able to share text-based clinical data from WRAMC and NNMCC, the two MTFs that refer the majority of the polytrauma patients. In addition, VA clinicians at the four Polytrauma Rehabilitation Centers (PRCs) have access to DoD's

Joint Patient Tracking Application (JPTA) which tracks service members from the battlefield through Landstuhl, Germany and to MTFs in the states. JPTA provides demographic and clinical information vital for the continued care and treatment of these severely injured service members.

In addition to the transition of health care, Veterans Benefits Administration (VBA) counselors assigned to MTFs provide VA benefits information and assistance in applying for these benefits. These counselors are often the first VA representatives to meet with the service member and his or her family to provide information about the full range of VA services including readjustment programs, and educational and housing benefits. Service members and their families are assisted in completing their claims and in gathering supporting evidence.

While service members are hospitalized, they are routinely informed about the status of pending claims and given the VBA counselor's name and contact information should they have any questions or concerns. Compensation claims taken for the seriously disabled are expedited to the appropriate VA Regional Office (VARO) with a clear indication that they are for an OIF/OEF seriously disabled claimant. Although benefits are not payable prior to discharge from service, work may begin on the claim, and service members may be informed about the status of their claim while they are hospitalized.

Each VAMC and VARO has designated a point of contact (POC) to coordinate activities locally and to assure that the health care and benefits needs of returning service members and veterans are met. A VBA OIF/OEF Coordinator is designated for all OIF/OEF outreach activities and acts as the primary VBA point of contact for

seriously disabled servicemembers who first arrive in the RO's area of jurisdiction as medical patients. For each compensation claim received for a seriously disabled OIF/OEF servicemember, a VBA Case Manager is also assigned. The Case Manager then becomes the primary VBA point of contact for claims processing. The VBA Counselors at the MTF may continue to be involved if the servicemember is still a patient at the MTF.

VA has distributed guidance to field staff to ensure that the roles and functions of the POCs and case managers are fully understood and that proper coordination of benefits and services takes place at the local level.

VAMCs also host DoD representatives. In March 2005, the Army assigned full time active duty liaison officers to the four VA PRCs located at Tampa, FL; Richmond, VA; Minneapolis, MN; and Palo Alto, CA. The Army Liaison Officer supports service members and their families from all branches of the Service with a broad array of issues such as travel, housing, military pay, and movement of household goods. In addition, Marine Corps representatives from nearby local Marine commands visit and provide support to each of the four PRCs. In the VA Central Office, an active duty Marine Officer and an Army Wounded Warrior representative are assigned to and are part of the VA Office of Seamless Transition staff. All of the DoD liaisons have played a vital role in ensuring the provision of a bridge to services during the critical time of recovery and rehabilitation.

Recognizing the need to provide assistance and support to families during the tumultuous time of transition, VA established a Polytrauma Call Center in February 2006 to assist our most seriously injured combat veterans and service members. The

Call Center is operational 24 hours a day, 7 days a week to answer clinical, administrative, and benefit inquiries from polytrauma patients and their families. The Call Center provides patients and families with a source of information, enhances coordination of care, and elevates system problems to VA for resolution.

### **Post Deployment Health Reassessment**

VA is also reaching out to returning veterans whose wounds may be less apparent. VA is participating in the DoD's Post Deployment Health Reassessment (PDHRA) program for returning deployed service members. In addition to DoD's pre- and post-deployment assessments, DoD is now conducting an additional health reassessment 90 to 180 days after returning home from deployment to identify health issues that may surface weeks or months after service members return home. VA is actively participating in the administration of PDHRA at Reserve and Guard locations by providing information on VA care and benefits, by enrolling these Reservists and Guardsmen in the VA healthcare system and by arranging appointments for referred service members. As of December 2006, an estimated 68,800 service members were screened resulting in more than 17,100 referrals to VA. Of the referrals, 32.8% were for mental health and readjustment issues with the remaining 67.2% for physical health issues.

### **Closing**

Meeting the comprehensive health care and benefit needs of our nation's veterans is VA's highest priority. We are very proud of the progress we have made in

the area of seamless transition as recognized by both the IG and GAO. Mr. Chairman, this concludes my statement. I thank you and members of this committee for your outstanding and continued support of our service members, veterans and their families.